

## Provider Communication

<b>Subject:</b> Pharmacy: May 31, 2010 Update	<b>Priority:</b> <b>High</b>
<b>Date:</b> May 27, 2010	<b>Message ID:</b> ACSBNR05272010_1

***Dear Pharmacy Provider:***

### **System Downtime:**

The SXC claims processing system will be unavailable due to planned maintenance on Thursday, May 27th, between 2:30-5:30 a.m. EST. Claims needing to be submitted during these periods should be held until the maintenance is completed. Georgia Medicaid apologizes for any inconvenience this downtime may cause.

### **Sxc Provider Satisfaction Survey:**

SXC Health Solutions is committed to continually meet, and strive to exceed, the service and business requirements of our clients and providers. Please assist us by completing this year's online survey based on your experience with SXC's administration of the Georgia Medicaid Fee-for-Service/PeachCare for Kids program. Please note, this only includes service provided by SXC and does not include your experience with the Care Management Organization (CMO) plans (i.e. Wellcare, Peach State, or Amerigroup) or ACS, the Georgia Medicaid Fiscal Agent.

You may access the survey online from SXC's Provider Portal homepage at <https://ga.providerportal.sxc.com>. This survey will take approximately 3 minutes to complete. If you are a corporate chain, please forward this information to each of your pharmacies so we may get every store's response. Your feedback is very important to us, and we thank you in advance for your participation.

### **New Pharmacy Provider Enrollment Application:**

Effective May 1st, 2010, the Georgia Medicaid program began acceptance of a new pharmacy provider enrollment application. The application is located on [www.ghp.georgia.gov](http://www.ghp.georgia.gov) – Provider Information – Documents and Forms – View Full List – Pharmacy Provider Enrollment Application. No action is required if you are currently an enrolled pharmacy provider.

### **Gmac Suspension:**

Please be aware of the following suspension to the GA Maximum Allowable Cost (GMAC) list that became effective May 12th, 2010:

<b>GMAC Suspension</b>	
<b>Product</b>	<b>Suspension Date</b>
Triamterene & Hydrochlorothiazide Capsule 50-25 MG	05/12/2010

This Georgia Maximum Allowable Cost (GMAC) suspension has also been posted online under [www.ghp.georgia.gov](http://www.ghp.georgia.gov) → Provider Information → Pharmacy Services Overview → GMAC Suspensions.

### **Exocrine Pancreatic Insufficiency – Drug Coverage Changes Effective 04/29/10:**

As a direct result of a CMS (Center for Medicaid and Medicare Services) communication transmittal, the following Exocrine Pancreatic Insufficiency products are NOT eligible for reimbursement by the Georgia Medicaid Fee-for-Service (FFS) Program as of April 29<sup>th</sup>, 2010.

<b>Non-Covered Exocrine Pancreatic Insufficiency Products</b>			
<b>NDC</b>	<b>Product Name</b>	<b>NDC</b>	<b>Product Name</b>
00032-1205-01	CREON 5 CAPSULE	58177-0049-04	PANGES UL 18 CAPSULE
00032-1205-07	CREON 5 CAPSULE	58177-0050-04	PANGES UL 20 CAPSULE
00032-1210-01	CREON 10 CAPSULE	58177-0416-04	PLARETASE TABLET 8000
00032-1210-07	CREON 10 CAPSULE	58177-0416-08	PLARETASE TABLET 8000
00032-1220-01	CREON 20 CAPSULE	58914-0002-10	ULTRASE MT 12 CAPSULE
00032-1220-07	CREON 20 CAPSULE	58914-0004-10	ULTRASE MT 20 CAPSULE
10267-2737-05	PANCRELIPASE 8,000 TABLET	58914-0004-50	ULTRASE MT 20 CAPSULE
39822-9045-01	PANCRELIPASE CAPSULE 4,500	58914-0018-10	ULTRASE MT 18 CAPSULE

39822-9100-01	PANCRELIPASE CAPSULE 10,000	58914-0045-10	ULTRASE MS 4
39822-9160-01	PANCRELIPASE CAPSULE 16,000	58914-0111-10	VIOKASE 8 TABLET
39822-9200-01	PANCRELIPASE CAPSULE 20,000	58914-0115-08	VIOKASE 8OZ POWDER
58177-0028-04	PANGESTYME MT 16 CAPSULE	58914-0116-10	VIOKASE 16 TABLET
58177-0029-04	PANGESTYME CN 10 (PANCRELIPASE) DELAYED RELEASE CAP	59767-0001-01	PANCRECARB CAPSULE MS-8
58177-0030-04	PANGESTYME CN 20 (PANCRELIPASE) DELAYED RELEASE CAP	59767-0001-02	PANCRECARB CAPSULE MS-8
58177-0031-04	PANGESTYM EC CAPSULE	59767-0002-01	PANCRECARB CAPSULE MS-4
58177-0031-06	PANGESTYM EC CAPSULE	59767-0003-01	PANCRECARB CAPSULE MS-16
58177-0048-04	PANGES UL 12 CAPSULE	59767-0003-02	PANCRECARB CAPSULE MS-16

Only FDA approved Creon and Zenpep will be considered for reimbursement by the Georgia Medicaid Fee-for-Service (FFS) Program.

### **Georgia Medicaid Ffs Tamper Resistant Prescription Pad (Trpp) – Pharmacy Update**

On October 1, 2008, the Centers for Medicare and Medicaid Services (CMS) tamper-resistant prescription law took effect requiring all handwritten and/or computer generated (by an electronic medical record (EMR) or ePrescribing applications) printed prescriptions for fee-for-service Medicaid patients contain at least one industry recognized feature from each of the three categories of tamper resistance.

The Georgia Department of Community Health (DCH) Office of the Inspector General Program Integrity division is required to enforce this federal requirement. Any payment made for a prescription that does not comply with this requirement will be recouped by the Department. The Center for Medicare and Medicaid Services (CMS) strongly supports both e-prescribing and the use of tamper-resistant prescription pads as methods to reduce instances of unauthorized, improperly altered, and counterfeit prescriptions

### Review of CMS Requirements for TRPP:

Required tamper-resistant characteristics include one or more industry-recognized features designed to:		Examples include but are not limited to:
1	Prevent unauthorized copying of a completed or blank prescription form	<ul style="list-style-type: none"> <li>• High security watermark on reverse side of blank</li> <li>• Thermochromic ink technology</li> <li>• Photocopied prescription blanks show the word “Copy,” “Illegal,” or “Void”</li> </ul>
2	Prevent erasure or modification of information written on the prescription by the prescriber	<ul style="list-style-type: none"> <li>• Tamper-resistant background ink shows erasures or attempts to change written information</li> </ul>
3	Prevent the use of counterfeit prescription forms	<ul style="list-style-type: none"> <li>• Duplicate or triplicate blanks</li> </ul>

## Summary of features that could be used on a tamper-resistant pad/paper in compliance with the CMS guidelines

**Category 1 – Copy Resistance:** One or more industry recognized features designed to prevent unauthorized copying of a completed or blank prescription form.

Feature	Description
“Void,” “Illegal,” or “Copy” pantograph <u>with or without</u> Reverse “Rx”	<p>The word “Void,” “Illegal,” or “Copy” appears when the prescription is photocopied. Except where state law mandates the word “Void” or “Illegal” – it is recommended that the pantograph show the word “Copy” if the prescription is copied. The pantograph should be placed so as not to obscure the security feature description contained on the prescription, the patient and prescriber demographics, or the medication and directions.</p> <p>Some pantographs can be problematic because when the prescription is copied, the resulting “void” or other wording that appears makes the underlying prescription difficult to read. These types of pantograph should be avoided. Providers may wish to ask their pad vendor about hollow “VOID” pantograph lettering which is less likely to obscure the information.</p> <p>The Reverse Rx disappears when photocopied at a light setting – thus making the pantograph more effective in copy resistance. The pantograph may be used with a reverse Rx, but Reverse Rx is not effective as a feature by itself.</p>
Micro printing – To be effective, this feature must be printed in 0.5 font or less making it illegible to the pharmacist when copied	Very small font which is legible (readable) when viewed at 5x magnification or greater, and illegible when copied.
Thermochromic ink	Ink changes color with temperature change.
Coin-reactive ink	Ink changes color when rubbed by a coin.

**Category 1 – Copy Resistance:** One or more industry recognized features designed to prevent unauthorized copying of a completed or blank prescription form.

Feature	Description
<u>Watermarking</u> Security back print (artificial watermark)	Printed on the back of prescription form. The most popular wording for the security back print is “Security Prescription” or the security back print can include the states name. Can only be seen when viewed at an angle.
Digital watermarks	Weak digital watermarks cannot be read if copied and strong digital watermarks provide digital rights management/“proof” of origin when copied.
Watermarking on special paper	Special paper contains a watermark that can be seen when backlit.

**Category 2 – Erasure / Modification Resistance:** One or more industry-recognized features designed to prevent the erasure or modification of information written / printed on the prescription by the prescriber.

Features to Prevent Erasure	Description
An erasure revealing background (erasure resistance)	Background that consists of a solid color or consistent pattern that has been printed onto the paper. This will inhibit a forger from physically erasing written or printed information on a prescription form. If someone tries to erase, the consistent background color will look altered and show the color of the underlying paper.

**Category 2 – Erasure / Modification Resistance:** One or more industry-recognized features designed to prevent the erasure or modification of information written / printed on the prescription by the prescriber.

Features to Prevent Erasure	Description
Toner Receptor Coating / Toner Lock or Color Lock paper (erasure resistance for computer generated prescriptions printed with a laser printer) OR Chemically reactive paper (erasure resistance for hand written prescriptions)	Special printer paper that establishes a strong bond between laserprinted text and paper, making erasure obvious. Note – this is NOT necessary for inkjet printers – as the ink from inkjet printers is absorbed into normal “bond” paper.  If exposed to chemical solvents, oxidants, acids, or alkalis that can be used to alter the prescription, the chemically reactive paper will react and leave a mark visible to the pharmacist.
Features to Prevent Modification	Description
Quantity check off boxes and refill indicator (circle or check number of refills or NR)	In addition to the written quantity on the prescription, quantities are indicated in ranges. It is recommended that ranges be in 25’s with the highest being “151 and over”. The range box corresponding to the quantity prescribed MUST be checked for the prescription to be valid.  The refill indicator indicates the number of refills on the prescription. Refill numbers must be used to be a valid prescription.
Pre-printed language on prescription Paper  Example: “Rx is void if more than XXX Rx’s on paper”	Reduces ability to add medications to the prescription. Line must be completed for this feature to be valid. Computer printer paper can accommodate this feature by printing, “This space intentionally left blank” in an empty space or quadrant.
Quantity and Refill Border and Fill (this is the recommended for computer generated prescriptions)	Quantities and refill # are surrounded by special characters such as an asterisks to prevent modification, e.g. QTY **50** Value may also be expressed as text, e.g. FIFTY, (optional).

**Category 3 – Counterfeit Resistance:** One or more industry-recognized feature designed to prevent the use of counterfeit prescription forms.

Feature	Description
Security features and descriptions listed on prescriptions – this feature is strongly recommended on all prescriptions	Complete list of the security features on the prescription paper for compliance purposes. This is strongly recommended to aid pharmacists in identification of features implemented on prescription.
Thermochromic ink	Ink changes color with temperature change.
Encoding techniques (bar codes)	Bar codes on prescription. Serial number or Batch number is encoded in a bar code.
Security Thread	Metal or plastic security threads embedded in paper as used in currency.

### **Best Practices for Tamper Resistant Printed Prescriptions (Handwritten)**

<b>Category 1</b>	A) Photocopied “COPY”, “ILLEGAL”, or “VOID” Pantograph
<b>Category 2</b>	A) An Erasure revealing background (resists erasures and alterations) B) Quantity check off boxes C) Refill indicator (circle number of refills or “NR”)
<b>Category 3</b>	A) Security features and descriptions listed on the prescription

TRPP best practice examples (handwritten and EMR) are available online at <https://ga.providerportal.sxc.com> – View the Updated Banner Messages – TRPP Best Practice Examples

Please refer to the end of this banner for a copy of the **GA DCH TRPP Provider Compliance Referral Form**



**\*Revised May 18 2010\***

**BRAND PREFERRED PRODUCTS – EXCEPTIONS TO THE ‘GENERICS ARE PREFERRED AND MANDATORY’ POLICY**

<b>Preferred (Brand)</b>	<b>Non-Preferred (Generic)</b>	<b>Preferred (Brand)</b>	<b>Non-Preferred (Generic)</b>
Acular ophth. soln.	ketorolac 0.5% ophth. soln.	Lotrel	amlodipine/benazepril
Acular LS ophth. soln.	ketorolac 0.4% ophth. soln.	Marinol	dronabinol
Adderall XR	amphetamine salt combination SR	Mirapex	pramipexole
Aldara 5% cream*	imiquimod 5% cream*	Optivar ophth. soln.	azelastine ophth. soln.
Alkeran inj.	melphalan inj.	Ortho-Novum 7/7/7	nortrel 7/7/7, necon 7/7/7 generic (norethindrone-ethinyl estradiol 0.5-35/0.75-35/1-35 mg-mcg)
Alphagan-P 0.15% ophth. soln.	brimonidine 0.15% ophth. soln.	Ortho Tri-cyclen Lo	tri-lo sprintec
Altace caps**	ramipril caps**	Paxil CR	paroxetine SR
Augmentin susp. 250/5ml	amoxicillin/clavulanate susp. 250/5ml	PhosLo	calcium acetate caps
Axid soln.	nizatidine soln.	Prograf	tacrolimus
Benzaclin gel 1-5%	clindamycin phosphate-benzoyl peroxide 1-5%	Proscar	finasteride
Cardizem LA tabs*	diltiazem ER tabs*	Pulmicort inhalation susp.	budesonide inhalation susp.
Catapres TTS patch	clonidine patch	Razadyne/Razadyne ER	galantamine/galantamine er
Cortrosyn	cosyntropin	Seromycin	cycloserine
Corzide	nadolol/bendroflumethiazide	Spectracef*	cefditoren*

Cosopt ophth. soln.	dorzolamide-timolol ophth. soln.	Starlix	nateglinide
Cozaar*	losartan*	Subutex	buprenorphine
Cytomel	liothyronine	Tobradex ophth. susp.	tobramycin-dexamethasone ophth. susp.
Depakote DR/sprinkles	divalproex DR/sprinkles	Topamax sprinkles	topiramate sprinkles
Diamox	acetazolamide	Trileptal susp.	oxcarbazepine susp.
Dovonex soln.	calcipotriene soln.	Trusopt ophth. soln.	dorzolamide ophth. soln.
Flomax*	tamsulosin*	Urso tabs	ursodiol tabs
Hyzaar*	losartan/HCTZ*	Valtrex	valacyclovir
Kenalog-10,-40 inj.	triamcinolone acetonide inj. 10mg/ml, 40mg/ml	Vibramycin oral susp.	doxycycline oral susp.
Lopressor HCT	metoprolol/HCTZ	Wellbutrin XL 150mg**	bupropion/budeprion XL 150mg**
Loprox gel	ciclopirox gel	Zosyn 4-0.5GM	piperacillin sodium-tazobactam sodium 4-0.5GM
<b>*new addition to list</b>		<b>**effective 6/1/10, ramipril and bupropion/budeprion XL 150mg are preferred</b>	

**\*Revised May 18 2010\***

<b>NON-PREFERRED BRANDS AND GENERICS</b>			
<b>Non-Preferred (Brand)+</b>	<b>Non-Preferred (Generic)+</b>	<b>Non-Preferred (Brand)+</b>	<b>Non-Preferred (Generic)+</b>
Aceon	perindopril^	Nasarel	flunisolide
Actiq	fentanyl citrate	Oxycontin	oxycodone ER
Activella	estradiol/norethindrone	Prenatal Vitamins w/DHA (brand)	Prenatal Vitamins w/DHA (generic)
Adoxa/Monodox	doxycycline monohydrate	Prevacid	lansoprazole^
Allegra-D**^	fexofenadine/pseudoephedrine**^	Prilosec	omeprazole
Clozaril	clozapine	Protonix	pantoprazole
Colazal	balsalazide	Prozac weekly**^	fluoxetine weekly**^
Duoneb	ipratropium/albuterol neb.	Salkera	salicylic aer 6%^
Evoclin aer 1%**	clincamycin aer 1%**	Sarafem	selfemra
Fibricor	fenofibric acid	Skelaxin**	metaxalone**
Inspira	eplerenone	Solodyn	minocycline SR
Iopidine 0.5%	apraclonidine 0.5%^	Sular	nisoldipine
Isopto Carpine	pilocarpine ophth.	Ultralytic 2	Uramaxin 2% foam
Kytril	granisetron	Ultram ER	tramadol er
Lamictal kits (immediate-release)	lamotrigine kits (immediate-release)	Uramaxin gel 45%	urea nail gel 45%



Lofibra	fenofibrate	Voltaren ophth. soln.	diclofenac ophth. soln.^
Loprox shampoo	ciclopirox shampoo	Xopenex neb 1.25/0.5	levalbuterol neb 1.25/0.5^
Mobic	meloxicam susp.*	Yasmin	ocella
Neobenz	Pacnex (benzoyl peroxide)		
<b>^If a PA is authorized, the brand product is preferred.</b> <b>*meloxicam tabs are preferred</b> <b>**new addition to list</b> <b>+In general, PA is required for most Non-Preferred Brands and Non-Preferred Generics.</b>			

Please share all of this information with appropriate staff. If you are the corporate office of a chain pharmacy, please provide this information to each of your stores located in Georgia. We thank you for your continued service and participation in the Georgia Medicaid & PeachCare for Kids Programs.

Division of Medical Assistance – Pharmacy Services Unit 404-656-4044



**Georgia Department of Community Health • Program Integrity Division**

**Tamper Resistant Prescriptions**

**PROVIDER COMPLIANCE REFERRAL FORM**

On October 1, 2008, the Centers for Medicare and Medicaid Services (CMS) tamper-resistant prescription law took effect requiring that all handwritten and/or computer generated (by an electronic medical record (EMR) or ePrescribing applications) printed prescriptions for fee-for-service Medicaid patients contain at least one industry recognized feature from each of the three categories of tamper resistance.

This form is designed to assist the Department in coordinating educational efforts for non-compliant prescribing providers. Questions about this form or its use should be directed to the Program Integrity Division at 404 463-5273.

Fill in the information and fax to: **770 344-4257**.

Submitting Pharmacy should provide the following information for non-compliant prescribers (\* denotes required information):

Prescriber Name*:	
Prescriber License Number*:	
Prescriber NPI Number*:	
Phone Number: (include area code)	
Street Address:	
City, State, Zip:	

Prescriber Name*:	
Prescriber License Number*:	
Prescriber NPI Number*:	
Phone Number: (include area code)	
Street Address:	
City, State, Zip:	

Prescriber Name*:	
Prescriber License Number*:	
Prescriber NPI Number*:	
Phone Number: (include area code)	
Street Address:	
City, State, Zip:	

Submitting Pharmacy\*: \_\_\_\_\_ Date: \_\_\_\_\_

GA Medicaid Provider #\*: \_\_\_\_\_

Phone # (incl. area code): \_\_\_\_\_

Additional Resources

[http://www.cms.gov/DeficitReductionAct/30\\_GovtInfo.asp](http://www.cms.gov/DeficitReductionAct/30_GovtInfo.asp)